

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1553363

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			1			
4						
5			1			
6						
7			1			
8						
9			1			
10			1			
11						
12			1			
13						
14			1			
15						
16			1			
17						
18			1			
19						
20			1			
21						
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28			1			
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30			1			
31						
32			1			
33						
34			1			
35						
36			1			
37						
38			1			
39						
40			1			
41						
42			1			
43						
44			1			
45						
46			1			
47						
48			1			
49						
50			1			
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS		↓	17	↓		↓

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		↓		↓		↓